

# INTERAGENCY COMMISSION ON HOMELESSNESS CONTINUUM OF CARE COMMUNITY-WIDE MEETING

**Summary Notes** 

Wednesday, March 16, 2016 | 3:00-5:00p Council Office Building, 100 Maryland Avenue 3<sup>rd</sup> Floor Hearing Room, Rockville, Maryland

# Welcome | Approval of December 16 meeting notes – Sara Black, Acting Chief of Special Needs Housing (DHHS)

Sara convened the meeting and the December 16 Interagency Commission on Homelessness meeting notes were approved as written.

**Purpose of the meeting:** Provide update on the Continuum of Care work, obtain feedback from the group regarding homelessness issues, Committee Report.

# New Initiatives Update – Uma S. Ahluwalia, Director of Department of Health and Human Services

• Suburban Maryland HUD/DOJ Pay of Success Project: The application was jointly submitted with Prince George's County (a suburban Maryland application). The project's aim is to address housing and rehab needs for the homeless who are also experiencing incarceration in both jurisdictions. The proposal was submitted and we expect a decision in August or September in time for an October 1 start date. Sara Black and Athena Morris were instrumental in submitting the proposal. This a planning grant so all that has to be done in the first phase is to show a viable plan for actual housing stock not case management or just sub-services. ICF International will be the research project with Sharan London taking the lead.

Ultimately, 100 clients are proposed to be served and the Montgomery County Coalition for the Homeless will be the lead agency in Montgomery County. The purpose of the *Pay for Success Project* is to:

- o attract investors
- o to reduce chronic homelessness for residents being released from jail
- o to demonstrate cost savings
- o to utilize COG for data analysis and
- o the creation of a peer network.
- Medicaid Waiver on Homelessness: Montgomery County was successful in engaging Prince George's County and Baltimore City to join to put together a proposal for a Medicaid Waiver on Homelessness. We also engaged the Center for Supportive Housing, with Nancy Mercer who was the project lead. The Center put together a slide deck and follow-up with cost estimates the average cost of supportive services and housing for the three jurisdictions.

The State was contacted earlier this week regarding the Medicaid Waiver propose and they were fully engaged. The State wants their cost to remain neutral and inquired about match that will come from the jurisdiction. The monies that are being used for the CoC cannot be reused for the waiver. Discussions with the State are ongoing and we hope that by mid to late April the State will agree that we can proceed with the proposal which will than involve a public comment and the proposal development process.

The Federal Government's timeline for approval of the waiver for implementation is January 1, 2017 which is good timing because Maryland is due for its 1115 waiver renewal by January 1. The States projection for support services is a cost is \$8,000 (which does not include housing subsidies). The waiver will provide new Federal money (\$4,000 from County Funds and \$4,000 Federal dollars) which would allow the County to serve more clients providing subsidies and case management. This is a unique Medicaid Waiver between the local government from the Federal Government.

Current Questions yet to be answered for Department of Health and Mental Hygiene (DHMH) before the call to proceed are:

- o Can local CoC match be used as Medicaid Match? Would it be considered double dipping?
- o What would the new case management rate be under the waiver?
- o Should there be criteria for eligibility into the waiver that would include requirements such as high cost utilizers with 2-3 hospitalizations and/or incarcerations?
- o Would case management services be wasted without a housing subsidy?
- o Should there be a step-down tier within the proposal to support sustainability when the waiver expires and to allow new clients to be admitted into the waiver?

There is a follow up call next Wednesday, March 23rd with DHMH to discuss these issues. After presenting a broad brush of the above issues, we hope to get a go. If DHMH says to proceed, we will reengage our consultants to do deeper dive which includes further analysis, talking with our community and starting on the design work of the proposal.

- *Homeless Youth in Montgomery County*: There has been a significant spike in unaccompanied minor youth in Montgomery County (16-24 year-old youths). Some reasons for the rise in unaccompanied youths:
  - o Youth being put out or are leaving voluntarily due to family conflicts
  - o One-parent households with young mothers under 24-years old with one child under 5
  - o Young people aging out of foster care
  - o Youths being asked to leave because of their sexual orientations (LBGT population)

We have escalated the issue and Mr. Leggett has added \$125,000 to his budget for youth housing for unaccompanied minor children. The question is what can we do with that amount of money because these youth need supervisions. The problem is under-reported because many young people do not go to shelters but "couch surf" with friends. These youths are ripe for gang activity and human trafficking.

George Leventhal recommended developing a "Drop-in Center" in Montgomery County. A safe place for peer counseling which is youth oriented. Jurisdictions who have "Drop-in Centers" offer shower opportunities, meals along with vocational services.

**ACTION ITEM**: Conversations will be started on identifying resources and developing models or replicating models that work in other jurisdictions. Mr. Leventhal will send resources and model information to Sara Black or Gloria Huggins. Uma will follow up and do research on how to implement.

Uma shared that The Governor's Office on Children has changed their priorities to include disconnected youth and homelessness among disconnected youths. This opens up an opportunity to access State funds (upward of \$200,000) that could help with this project. The application for funding is due in April.

The goal for these unaccompanied youths is to get them back home or perhaps provide group housing placements to give them a stable housing situation.

**ACTION ITEM:** Continuum members were asked to send their trends on unaccompanied youths to Gloria Huggins by March 30. Answer the following questions: 1) What are the trends including LGBT? 2) What are the gaps? 3) What are the resources available? and 4) Who are available to provide services? The question will be posed to the Department that contracts with Youth Providers for their input. A resource guide will be developed from the information to help youths and providers know where to access needed services. Send information to Gloria Huggins by March 30.

# Hospital and Jail Committee | Medical Respite Care -

LaSonya Kelly, Program Manager, Health Care for the Homeless, DHHS Kim Emerson, Program Manager, Adventist HealthCare Center for Equity and Wellness

<u>Objective</u>: The Hospital and Jail Committee's objective are to explore what are the gaps in the coordination of individuals who homeless and have medical condition are being released from jails or being discharged from hospitals by:

- Developing a medical respite care model for Montgomery County
- Coordinating appropriate resources to ensure safer discharges and releases
- Improving communication between hospitals, jails and other homeless service providers

<u>Definition</u>: According to the Respite Care Provider's Network (2009) the definitions of Medical Respite Care is "acute and post-acute medical care for patients experiencing homelessness who are too ill or frail to recover from a physical illness or injury while living in shelter or on the streets, but who are not sick enough to be in the hospital."

<u>Purpose</u>: Medical Respite Care bridges the gap for individuals who are homeless and are well enough to discharge from the hospital but not well enough to return to a shelter or to the streets. Medical Respite Care provides follow-up care which includes, transportation to medical appointments, prescriptions and a place to rest and heal. The program provides a cost savings by avoiding costly discharge delays, reducing hospital admissions, readmissions and preventing inappropriate shelter stays.

<u>Goal</u>: The ultimate goal is reintegrating the individual into the community and preparing them for housing by stabilizing their physical and psychosocial needs. A successful Medical Respite Care requires the following:

- On-site acute medical care and nurse case management
- Case management (benefits acquisition, housing placement, health education, etc.)
- Substance abuse and mental health treatment (sometimes off-site)
- Transportation to medical appointments so they can comply with discharge plan
- Food
- Laundry
- Site management and security
- Coordination of care

<u>Models</u>: The Hospital and Jail Committee has reviewed five jurisdictions who have Medical Respite Care Programs (Baltimore, Arlington, Fredericksburg, Richmond and Washington D.C.) and has found several different models:

- Stand-alone facilities with medical clinic and respites beds
- Co-located with a shelter or existing homeless program
- Apartment/motel rooms
- Assisted living facilities/nursing homes
- Transitional housing settings (similar to a group home setting)

<u>Funding</u>: The Committee is also exploring funding sources and development requirements. The models that were reviewed utilized the following funding sources: local, State and Federal funding, County contracts, HUD, grants, hospital partnerships, private donations and corporate donations.

<u>Development for Montgomery County</u>: We are examining the scope and range of services, the level of care, funding sources, prospective providers, location and licensure.

What Montgomery County currently has to assist the homeless who need medical care:

- Primary care in the emergency shelters, nurse case management, and oral health care at shelter sites
  - o Dental mobile medical services at the shelters
  - o Additional funding to exploring ophthalmologist services
- Nurse case management for formerly homeless patients now living in permanent supportive housing programs
- Nurse case management for homeless adults following hospital discharge to a "medical bed" in a shelter (Medical beds=typical shelter lower bund/beds reserved for post-discharge patients by Healthcare for the Homeless at year-round shelters.

The recommended next steps are:

- Develop specific protocols for discharge planning
- Develop a grid of information gathered to identify:
  - Which medical respite care model works best for our County's needs and existing resources
  - Funding sources and partnerships
  - Key collaborators of the medical respite program
  - Medical Respite Care costs
- Diversion Programs: Behavioral health, hospital and jail
- Improve communication within the system of care and sharing of information among providers
- Assess the structure of the Hospital and Jail Committee and Behavioral Health Committee, given similar objectives

### **Resource Development Committee Update**

Susan Kirk, Executive Director, Bethesda Cares and Susie Sinclair-Smith, Executive Director, Montgomery County Coalition for the Homeless

The Resource Committee's objective is to identify opportunities for sources of funding or non-cash resources (people or information and to develop plans for realizing these sources of funding but not implementing through grant writing, etc.

#### The Resource Committee Future Activities:

- 1. Convene Funders Collaborative to educate them about homelessness in Montgomery County and introduce specific needs for funding. Possible attendees include:
  - Private Foundations
  - Foundations for Community Reinvestment Act banks
  - Community Development Financial Institutions
  - Real Estate Professionals
- 2. Organize and hold an event to raise awareness of the use of New Markets tax credits to finance projects which address homelessness. Attendees should include:
  - Government Officials including State and County legislators representing the County,
  - Non-profit organizations serving the homeless
  - Community Development entities
  - Banks

# **Committee Updates** – Sara Black

Interagency Commission on Homelessness website address www.montgomerycountymd.gov/ICH

#### ICH Committees' Future Activities:

#### Behavioral Health Committee

- Design a more effective, collaborative approach—with an emphasis on better communication, discharge planning and diversion
- Secure more detailed data
- Map the current behavioral health system's, protocols, entry and exit points, key barriers/issues, etc.

#### Strategic Planning Committee

- Continue to Monitor Year 1 Action Plan Implementation
- Review strategic plan and develop priorities for Year 2 with input from CoC
- Support Committees to develop revised Action Plans

#### Outreach and Education Committee

- Finalize common form to be used by all CoC providers to document disability of person experiencing homelessness to assist shelter and housing providers to expedite linking persons to housing vacancies.
- Provide training on the new definition of chronic homelessness at the MCCH HOME Conference May, 2016.
- Continue discussions on educating staff and community partners on the issues of homelessness.

#### Performance Review Committee

- Finalize CoC-wide performance measures to be used by all emergency shelter, transitional housing, permanent supportive housing, rapid rehousing and Safe Haven programs. Proposed measures are aligned with HUD requirement and include:
  - Length of time homeless
  - Returns to homelessness from permanent housing
  - Bed utilization
  - Growth in Income and Employment
  - Successful placement from street outreach
  - Number of persons homeless

- Number of persons experiencing homeless for the first time
- Train providers to enter HMIS data in uniform way to improve data quality
- Obtain baseline data using measures to set targets and track performance.
- Convene HMIS User group related to information in Service Point

### **Operations Committee**

- Identify resources and funding from all levels (Federal, State and Local) and best practices for providing outreach, permanent housing and triage of youth.
- Identify gaps in services for youth who are homeless and determine ways to fill the gaps.
- Develop CoC policies and procedures to determine prioritization for transitional housing.

# **Announcements | Updates:**

- All were encouraged to join ICH Committees (an application is available).
- The County Council has asked ICH members, Louise Kaufmann, Amy Horton-Newell and Brian Tracey to participate in a review of Community Grants Applications that touch on housing and to provide feedback to the Council. The reason for this request is to assist the Grant Advisory Group with the numerous applications that have been submitted for Council review. The process will follow a standard evaluation form which will be used to produce a report for the Councilmembers consideration.
- Montgomery County is one of four jurisdictions in the Country that has reached functional zero in ending Veterans homelessness. What that means is that we have been able to identify and devote resources to any new veteran coming into the system and get them housed. This was part of the Zero:2016 national campaign with two goals 1) to end Veteran Homelessness; and, 2) to end chronic homelessness.
- Annually, Montgomery County CoC submits an application to HUD as part of a national competition through its CoC funding cycle. HUD grants about \$8 million to the County to help support housing sources for people experiencing homelessness. HUD has issued its first round of grant awards to Montgomery County \$3.7 million. A second award will follow.
- Update on the Regional Coordinating Council on Homelessness: The collaboration of Montgomery County and Prince George's County led to the successful submission of the Suburban Maryland HUD/DOJ Pay of Success Project application. A list of the numbers and placements of those experiencing homelessness is being shared by the Regional Coordinating Council on Homelessness which has proved helpful in identifying individuals who cross jurisdictions. The jurisdictions continue to explore ways to share data. The goals that have not been met, at this time, are partnering with workforce and housing development agencies in an effort to prevent and end homelessness. The Regional Coordinating Council on Homelessness continues it work and meets quarterly.

#### **Next Meeting**

Wednesday, June 15 | 3:30-5:30 p.m. Rockville Memorial Library, 21 Maryland Avenue, 1<sup>st</sup> Floor, Rockville, Maryland 20850.